

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/744314

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2					
TOTAL DEP.	18					
TOTAL CLAIMS	20					

	INC.		DEP.		IND.		DEP.	
	INC.	DEP.	INC.	DEP.	INC.	DEP.	INC.	DEP.
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TOTAL CLAIMS								